

PLEASE FILL OUT AND MAIL WITHIN TEN DAYS THE “WHAT ABOUT THE CHILDREN SEMINAR” REGISTRATION FORM. IF YOU HAVE ATTENDED THE SEMINAR, PLEASE SEND A COPY OF YOUR CERTIFICATE ALONG WITH THE MEDIATION QUESTIONNAIRE.

FAMILY COURT SERVICES  
KING COUNTY SUPERIOR COURT  
KING COUNTY COURTHOUSE  
516 THIRD AVENUE ROOM W280  
SEATTLE, WA 98104  
PHONE: (206) 296-9400

PLEASE FILL IN YOUR  
SEMINAR DATE: \_\_\_\_\_

**MEDIATION**

**PLEASE MAIL COMPLETED FORM TO ABOVE ADDRESS WITHIN 10 DAYS**

\_\_\_\_\_  
MOTHER

\_\_\_\_\_  
SOCIAL WORKER

\_\_\_\_\_  
FATHER

\_\_\_\_\_  
SUPERIOR COURT #: \_\_\_\_\_ FCS#:

\_\_\_\_\_  
OTHER PARTY

\_\_\_\_\_  
OTHER PARTY

**1. IDENTIFYING INFORMATION:**

Name:	Last	First	Middle	Birth Name	Other Names
Street Address			City	State	Zip
Mailing Address (if different than Street Address)			City	State	Zip
Home Phone	Work Phone			Can you be called at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney Name		Phone			
Birth Date/Age		Birthplace		Race (optional)	
Education Completed			Social Security #:		

**DO YOU NEED AN INTERPRETER?** ☐ Yes ☐ No **FOR WHAT LANGUAGE?** \_\_\_\_\_

**2. CHILDREN AT ISSUE IN THIS PROCEEDING:**

Name	Birth Date	Age	Living With
Name	Birth Date	Age	Living With
Name	Birth Date	Age	Living With

**3. LIST OTHER CHILDREN (from other relationships, stepchildren, etc.)**

Name	Birth Date	Age	Relationship
Name	Birth Date	Age	Relationship

**4. LIST OTHER ADULTS LIVING WITH YOU:**

Name	Birth Date	Age	Relationship
Name	Birth Date	Age	Relationship

**5. LIST YOUR MARRIAGES OR COHABITATION RELATIONSHIPS (including current)**

a. Children's Other Parent: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Separation: \_\_\_\_\_ Decree: \_\_\_\_\_ Other: \_\_\_\_\_  
Reason for Separation: \_\_\_\_\_

b. Name of Partner: \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_ Separation: \_\_\_\_\_ Decree: \_\_\_\_\_ Other: \_\_\_\_\_  
 Reason for Separation: \_\_\_\_\_

c. Name of Partner: \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_ Separation: \_\_\_\_\_ Decree: \_\_\_\_\_ Other: \_\_\_\_\_  
 Reason for Separation: \_\_\_\_\_

**6. CHECK WHICH OF THESE MOST IDENTIFY YOUR CONCERNS:**

- |  |  |
|--|--|
| <input type="checkbox"/> Which parent the child(ren) live with               | <input type="checkbox"/> Domestic Violence   |
| <input type="checkbox"/> Amount of child support                             | <input type="checkbox"/> Drug/Alcohol Issues |
| <input type="checkbox"/> Decision-Making regarding the child(ren)            | <input type="checkbox"/> Neglect Issues      |
| <input type="checkbox"/> Medical Coverage for the child(ren)                 | <input type="checkbox"/> Relocation (Moving) |
| <input type="checkbox"/> Amount of time I have with the child(ren)           |  |
| <input type="checkbox"/> Amount of time other parent has with the child(ren) |  |
| <input type="checkbox"/> Other (Describe): _____                             |  |

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**7. COUNSELING OR SOCIAL SERVICES:**

Agency/Provider/ Where at: Telephone and Fax Numbers<sup>1</sup>

- |  |  |
|--|--|
| <input type="checkbox"/> Private Counseling        | <input type="checkbox"/> Parenting Classes           |
| <input type="checkbox"/> Pastoral Counseling       | <input type="checkbox"/> Private Evaluator           |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Private Mediator            |
| <input type="checkbox"/> Drug/Alcohol Assessment   | <input type="checkbox"/> Psychological Evaluation    |
| <input type="checkbox"/> Drug/Alcohol Treatment    | <input type="checkbox"/> Domestic Violence Treatment |
| <input type="checkbox"/> Other: _____              |  |

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**Check previous services from King County Superior Court:**

- |                                    |                                     |   |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Domestic Violence Assessment |
| <input type="checkbox"/> CASA      | <input type="checkbox"/> G.A.L.     | <input type="checkbox"/> Juvenile Court               |

**8. HAS EITHER PARENT EVER BEEN ARRESTED:**

Mother ☐ Father ☐

Charges and Disposition: \_\_\_\_\_ Date: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

**9. MILITARY SERVICE:**

Branch: \_\_\_\_\_ Dates Active Duty: \_\_\_\_\_ Discharge Status: \_\_\_\_\_

**10. WHEN ARE THE CHILDREN WITH EACH PARTY?**

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How long has this pattern been going on? \_\_\_\_\_

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**GOALS OF MEDIATION:**

**A) LIST YOUR POINTS OF AGREEMENT CONCERNING YOUR PARENTING PLAN:**


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**B) LIST YOUR POINTS OF DISAGREEMENT CONCERNING YOUR PARENTING PLAN:**


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**C) LIST ANY CONCERNS WHICH NEED TO BE ADDRESSED IN YOUR PARENTING PLAN  
(Such as domestic violence, child abuse, substance abuse, mental illness, etc.)**


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**D) WHAT ISSUES CONCERNING YOUR PARENTING PLAN NEED IMMEDIATE ATTENTION:**


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**12. Please answer the following questions:****YES****NO**

A. Mediation generally occurs with all parties in the

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same room together. Do you have any concerns about mediation in the same room together with the other party?

- B. Are you fearful of the other party for any reason?
- C. Has the other party ever threatened to hurt you in any way?
- D. Has the other party ever hit you or used any other type of physical force towards you?
- E. Have you ever called the police, requested a protection from abuse order, or sought help for yourself as a result of abuse by the other party?
- F. Are you currently afraid that the other party will physically harm you?
- G. Mediation is a process in which the parties work together with a neutral third person to negotiate details of their parenting plan. Do you believe you would be able to communicate with the other party on equal basis in mediation sessions?
- H. Has the other party ever threatened to deny you access to your children?
- I. Do you have any concerns about the children's emotional or physical safety with you or the other party?
- J. Has the DSHS or CPS ever been involved with your family other than for TANF (Temporary Assistance for Needy Families)?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other comments: \_\_\_\_\_

\_\_\_\_\_

## FAMILY COURT SERVICES CLIENT FINANCIAL RESPONSIBILITY STATEMENT

By order of King County Superior Court and King County Ordinance 10643 fees for the services provided by Family Court Services are to be charged to those people utilizing these services. You will be charged a portion of the fee based on a sliding scale that reflects your income. Each case is handled as a family unit and each parent will be expected to pay a share of the cost. (Refer to the sliding fee scale on the reverse side of this page.)

**My monthly net income is** \_\_\_\_\_.

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**ATTACH A COPY OF ONE OF THE FOLLOWING FORMS OF INCOME VERIFICATION:**

- |   |                          |
|---|--------------------------|
| 1. YOUR LAST TWO PAY STUBS                        | 5. CHILD SUPPORT ORDER   |
| 2. DSHS AWARD LETTER                              | 6. FINANCIAL DECLARATION |
| 3. UNEMPLOYMENT BENEFITS NOTICE                   |                          |
| 4. LAST YEAR'S W-2 FORM (Do not send tax return). |                          |

**IF NO VERIFICATION IS ATTACHED, YOU WILL BE IMPUTED AN INCOME WHICH MAY RESULT IN A HIGHER FEE.**

Please Note: If you have a signed court order stating Dispute Resolution should be split by a certain percentage, please include a copy of it with this form.

**EMPLOYMENT/INCOME INFORMATION:**

1. Current Occupation: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

2. Child Support:

A. \_\_\_\_\_ Paid \_\_\_\_\_ Received Amount \$ \_\_\_\_\_

B. Current: ☐ Yes ☐ No

C. Court-Ordered: ☐ Yes ☐ No

(If yes, attach a copy of court-ordered child support obligations and income statement)

3. Other Income:

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

4. Maintenance:

A. ☐ Yes ☐ No

B. Amount \$ \_\_\_\_\_

**LIST EMPLOYMENT FOR LAST 5 YEARS:**

From - To	Employer	Yearly Salary
_____	_____	_____
_____	_____	_____

**I acknowledge that I have read the above statements. I am aware that I am responsible for my portion of the fee.**

**I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

**Signed at** \_\_\_\_\_, [City] \_\_\_\_\_ [State], on \_\_\_\_\_ [Date].

**Signature** \_\_\_\_\_

**KING COUNTY SUPERIOR COURT  
FAMILY COURT SERVICES**

**MEDIATION SLIDING FEE SCALE**

		Combined Income:						
TYPE OF SERVICE	Under \$20,000	\$20,000 - \$24,999	\$25,000 - \$29,999	\$30,000 - \$34,999	\$35,000 - \$39,999	\$40,000 - \$44,999	\$45,000 and over	
Mediation Flat	\$251	\$376	\$500	\$624	\$751	\$876	\$1,000	
Under no circumstances will the total amount due exceed the maximum fee.								
There is a minimum fee of <b>\$51</b> or those with a household income under the poverty guidelines.								
Poverty Guidelines (2010/2011): Add \$3,740 for each additional family member over 8								
Family of:	1	2	3	4	5	6	7	8
	\$10,830	\$14,570	\$18, 310	\$22, 050	\$25, 790	\$29, 530	\$33, 270	\$37, 010

You may request a payment arrangement or fee adjustment by contacting our office once you receive your invoice.

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